| Fill in this info | ormation to identify your case: Sonnacle Latisha Cha | mbers | | | | | | |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------|--|--|--|--|
| D.1. 0 | Full Name (First, Middle, Last) | | | | | | | |
| Debtor 2 (Spouse, if filing | Full Name (First, Middle, Last) | | | | | | | |
| United States | Bankruptcy Court for the | SOUTHERN DISTRICT OF MISSISSIPPI | | is is an amended plan, and | | | | |
| Case number: (If known) | 19-02388 | | have been o | he sections of the plan that changed. | | | | |
| | | | | | | | | |
| Chapter 13 | Plan and Motions for | Valuation and Lien Avoidance | | 12/17 | | | | |
| | | | | | | | | |
| Part 1: Noti | ces | | | | | | | |
| To Debtors: | indicate that the option is | that may be appropriate in some cases, but the pa appropriate in your circumstances or that it is per ules and judicial rulings may not be confirmable. It in this plan. | rmissible in your jud | licial district. Plans that | | | | |
| | In the following notice to cr | editors, you must check each box that applies | | | | | | |
| To Creditors: | Your rights may be affected | Your rights may be affected by this plan. Your claim may be reduced, modified, or eliminated. | | | | | | |
| | You should read this plan ca an attorney, you may wish t | arefully and discuss it with your attorney if you have o consult one. | one in this bankruptc | y case. If you do not have | | | | |
| | to confirmation on or befo | eatment of your claim or any provision of this pla re the objection deadline announced in Part 9 of t Bankruptcy Court may confirm this plan without ule 3015. | he Notice of Chapte | r 13 Bankruptcy Case | | | | |
| | The plan does not allow claim | ms. Creditors must file a proof of claim to be paid u | nder any plan that ma | y be confirmed. | | | | |
| | plan includes each of the f | be of particular importance. Debtors must check on ollowing items. If an item is checked as "Not Inclue if set out later in the plan. | | | | | | |
| | nit on the amount of a secured of the training at the training | claim, set out in Section 3.2, which may result in all to the secured creditor | ■ Included | ☐ Not Included | | | | |
| | dance of a judicial lien or nonp ut in Section 3.4. | ossessory, nonpurchase-money security interest, | □ Included | ■ Not Included | | | | |
| | tandard provisions, set out in P | art 8. | □ Included | ■ Not Included | | | | |
| Part 2: Plan | Payments and Length of Plan | | 1 | | | | | |
| | | | | | | | | |
| 2.1 Leng | th of Plan. | | | | | | | |
| | nonths of payments are specified | months, not to be less than 36 months or less than 6, additional monthly payments will be made to the experience. | | | | | | |
| 2.2 Debt | or(s) will make payments to the | e trustee as follows: | | | | | | |
| _ | | □semi-monthly, □weekly, or □ bi-weekly) to the sued to the debtor's employer at the following addre | - | nless otherwise ordered by | | | | |
| | Sonnacle's Hair Gallery | | | | | | | |
| | 15 Northtown Dr | | | | | | | |
| | Ste P | | | | | | | |
| | Jackson MS 39211-0000 | | | | | | | |

APPENDIX D Chapter 13 Plan Page 1

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| Debtor | - | Sonnacle Latis | ha Chambers | | Case number | 19-02388 | | |
|------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------|----------|--|
| Joint Del court, an | | | | v, □ weekly, or □ bi-wee nt debtor's employer at the | | 13 trustee. Unless otherwise ordered ss: | by the | |
| | | | | | | | | |
| 2.3 | Incom | e tax returns/refu | ınds. | | | | | |
| | Check o | all that apply Debtor(s) will r | etain any exempt incom | e tax refunds received dur | ring the plan term. | | | |
| | | Debtor(s) will supply the trustee with a copy of each income tax return filed during the plan term within 14 days of filing the return and will turn over to the trustee all non-exempt income tax refunds received during the plan term. | | | | | | |
| | | Debtor(s) will t | reat income refunds as f | follows: | | | | |
| | tional p k one. ■ | ayments. None. If "None | " is checked, the rest of | § 2.4 need not be complet | ted or reproduced | | | |
| Part 3: | Treat | ment of Secured | Claims | | | | | |
| 3.1 | Mortg | ages. (Except mo | rtgages to be crammed | down under 11 U.S.C. § | 1322(c)(2) and id | dentified in § 3.2 herein.). | | |
| □ 3.1(a) | None Prince | cipal Residence N | fortgages: All long terr | | be maintained and | d cured under the plan pursuant to 11 | | |
| 1 N | claim | | gage creditor, subject to | | | ill be amended consistent with the pro ortgage payment proposed herein. | 001 01 | |
| Beginnii | ng 1 | | @ \$1,16 | 57.23 ■ Plan □ Dir | ect. Includes | s escrow Yes No | | |
| 1 1 | Mtg arre | ars to Selene | Finance | Through | month 60 | \$3 | 3,501.69 | |
| 3.1(b) | U th he | S.C. § 1322(b)(5) the proof of claim for erein. | shall be scheduled belo | ow. Absent an objection by | y a party in interes | ained and cured under the plan pursua t, the plan will be amended consistent uing monthly mortgage payment prop | t with | |
| Property | addre | | | | | | | |
| Mtg pmi Beginnii | | nth | @ | Plan | Direct. | Includes escrow Yes No | | |
| Property | -NONI | E- Mtg arrears to | | Through | | | | |
| 3.1(c) □ | | | o be paid in full over the proof of claim filed by t | | objection by a part | y in interest, the plan will be amended | d | |
| Creditor | : -NC | NE- | Approx. amt. do | ie: | Int. Rate*: | | | |
| Property | Addres | s: | | | | | | |

Mississippi Chapter 13 Plan

| Debtor Sc | onnacle Latisha Chamb | pers | Case | e number | 19-02388 | |
|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------|---------------------------------------------------------------|-------------------------------------|
| (as stated in Part 2 Portion of claim to | o be paid with interest at toof the Mortgage Proof of be paid without interest: \$\footnote{3}\$ bt less Principal Balance) | Claim Attachment) | | | | |
| Special claim for ta (as stated in Part 4 | axes/insurance: \$ of the Mortgage Proof of t | | onth, beginning | month . | | |
| Unless otherwise ord | | rest rate shall be the curent Ti | ll rate in this Distr | rict | | |
| | | payment of fully secured clai | ims, and modifica | ition of un | dersecured claims. Check | one |
| | | d, the rest of § 3.2 need not be agraph will be effective only | | | 1 of this plan is checked. | |
| | amounts to be distributed t at the lesser of any value s | ale 3012, for purposes of 11 U to holders of secured claims, det forth below or any value se adline announced in Part 9 of t | lebtor(s) hereby m t forth in the proof | ove(s) the of claim. | court to value the collateral Any objection to valuation s | described below hall be filed on |
| | of this plan. If the amount treated in its entirety as an | d claim that exceeds the amou of a creditor's secured claim i unsecured claim under Part 5 I on the proof of claim control | s listed below as hof this plan. Unle | aving no v ss otherwis | value, the creditor's allowed se ordered by the court, the a | claim will be |
| Name of creditor | Estimated amount of creditor's total claim # | Collateral | Value of co | llateral | Amount of secured claim | Interest rate* |
| BMW Financial Services | \$19,337.00 | 2012 BMW 535I 60,000 miles | \$16,83 | 37.00 | \$16,837.00 | 6.75% |
| Name of creditor | Estimated amount of creditor's total claim # | Collateral | Value of co | llateral | Amount of secured claim | Interest rate* |
| CREDIT ACCEPTANC E | \$8,000.00 | 2012 Nissan Altima 80860 miles Daughter Drives Car | \$5,30 | 00.00 | \$5,300.00 | 6.75% |
| Name of creditor | Estimated amount of creditor's total claim # | Collateral | Value of co | llateral | Amount of secured claim | Interest rate* |
| Progressive Leasing | \$2,000.00 | Mattress | \$1,00 | 00.00 | \$1,000.00 | 6.75% |
| Insert additional cla | aims as needed. | | | | | |
| #For mobile homes | and real estate identified i | n § 3.2: Special Claim for taxo | es/insurance: | | | |
| Name of 6 | creditor | Collateral | Amount p | er month | Begini month | ning |
| | ordered by the court, the infied in § 3.2: The current r | nterest rate shall be the curren | t Till rate in this D | istrict | | |

| Debtor | Sonnacle Latisha Char | nbers | Case number | 19-02388 |
|-----------|-----------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| 3.3 | Secured claims excluded from 1 | 1 U.S.C. § 506. | | |
| Chec | ck one. | | | |
| | None. If "None" is chec | ked, the rest of § 3.3 ne | ed not be completed or reproduced. | |
| 3.4 | Motion to avoid lien pursuant to | 11 U.S.C. § 522. | | |
| Check or | ne. | | | |
| | None. If "None" is chec | ked, the rest of § 3.4 ne | ed not be completed or reproduced. | |
| 3.5 | Surrender of collateral. | | | |
| | Check one. | | | |
| | The debtor(s) elect to su that upon confirmation of | rrender to each creditor f this plan the stay und | er 11 U.S.C. § 362(a) be terminated | res the creditor's claim. The debtor(s) request as to the collateral only and that the stay rom the disposition of the collateral will be |
| _ | Name of Creditor | | | Collateral |
| Conns | Credit Co | | HHG | |
| Insert aa | dditional claims as needed. | | | |
| | | | | |
| Part 4: | Treatment of Fees and Priority | Claims | | |
| 4.1 | General Trustee's fees and all allowed price without postpetition interest. | rity claims, including d | omestic support obligations other th | nan those treated in § 4.5, will be paid in full |
| 4.2 | Trustee's fees Trustee's fees are governed by sta | tute and may change du | ring the course of the case. | |
| 4.3 | Attorney's fees. | | | |
| | ■ No look fee: | | | |
| | Total attorney fee charged: | \$3,600.00 | | |
| | Attorney fee previously paid: | \$600.00 | | |
| | Attorney fee to be paid in pla confirmation order: | s 3,000.00 | | |
| | ☐ Hourly fee: \$ (Subject to | approval of Fee Appli | cation.) | |
| 4.4 | Priority claims other than attor | ney's fees and those tr | eated in § 4.5. | |
| | Check one. | had the west of \$ 1.4 me | ad not be completed an named and | |
| | □ None. If "None" is chec □ Internal Revenue Service | | ed not be completed or reproduced. | |
| | ☐ Mississippi Dept. of Rev | | | |
| | Other | | \$0.00 | · |
| 4.5 | Domestic support obligations. | | | |
| | | | | |
| | None. If "None" is chec | kea, the rest of § 4.5 ne | ed not be completed or reproduced. | |

| Debtor | Sonnacle Latisha Chambers | Cas | se number | 19-02388 | | | |
|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------|-----------------------|---------------------------|--|--|
| Part 5: | Treatment of Nonpriority Unsecured Claims | | | | | | |
| 5.1 | Nonpriority unsecured claims not separately | | | | | | |
| | Allowed nonpriority unsecured claims that are n providing the largest payment will be effective. The sum of \$% of the total amount of these claims, an The funds remaining after disbursements have | Check all that apply. estimated payment of \$ | | | on is checked, the option | | |
| | If the estate of the debtor(s) were liquidated un Regardless of the options checked above, payr | | | | | | |
| 5.2 | Other separately classified nonpriority unsecured claims (special claimants). Check one. | | | | | | |
| | ■ None. If "None" is checked, the rest of | § 5.3 need not be completed or re | produced. | | | | |
| Part 6: | Executory Contracts and Unexpired Leases | | | | | | |
| 6.1 | The executory contracts and unexpired leases contracts and unexpired leases are rejected. (| | ill be treate | d as specified. All o | other executory | | |
| | ■ None. If "None" is checked, the rest of | § 6.1 need not be completed or re | produced. | | | | |
| Part 7: | Vesting of Property of the Estate | | | | | | |
| 7.1 | Property of the estate will vest in the debtor(s |) upon entry of discharge. | | | | | |
| Part 8: | Nonstandard Plan Provisions | | | | | | |
| 8.1 | Check "None" or List Nonstandard Plan Pro | visions | | | | | |
| 0.1 | None. If "None" is checked, the rest of | | reproduced. | | | | |
| Part 9: | Signatures: | | | | | | |
| | Signatures of Debtor(s) and Debtor(s)' Attorn <i>btor(s) and attorney for the Debtor(s), if any, must te address and telephone number.</i> | | have an atte | orney, the Debtor(s) | must provide their | | |
| X /s | s/ Sonnacle Latisha Chambers | _ X | | | | | |
| | onnacle Latisha Chambers ignature of Debtor 1 | Signature of De | btor 2 | | | | |
| E | xecuted on July 30, 2019 | Executed on | | | | | |
| 5 | 150 Harrow Dr. | _ | | | | | |
| | ddress | Address | | | | | |
| City | ackson MS 39211-0000 ity, State, and Zip Code | City, State, and Zip C | Code | | | | |
| | elephone Number | Telephone Number | | | | | |
| | | | | | | | |
| | s/ Blake Tyler | Date July 30, 20 1 | 19 | | | | |
| Sign 511 Jac | lake Tyler ignature of Attorney for Debtor(s) 11 East Pearl Street ackson, MS 39201 | | | | | | |
| | ddress City State and Zin Code | | | | | | |

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| Debtor | Sonnacle Latisha Chambers | Case number | 19-02388 | |
|------------------|---------------------------|---------------|----------|--|
| 601-3 | 55-0654 | 101786 MS | | |
| Telephone Number | | MS Bar Number | | |
| btyler | ·@pgtlaw.com | | | |
| Email | Address | | | |